SJ04216B000I / JP Knights Pte Ltd ENTRY DATE & TIME: 14/06/2021 09:00 (SGT) SUBMITTED BY: Ashikin VERSION: 1 (14/06/2021 09:00 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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 5. Any false reporting may be referred to the Police for investigation.
 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 14/06/2021 09:00 (SGT) Date of Accident 10/06/2021 17:33 (SGT) Exact Location of Accident Lor N Telok Kurau & Still Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number GBK4875J

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner PAN PACIFIC VAN & TRUCK LEASING PTE LTD Company Reg No 2XXXXX635R **Email Address** ppemclaims@gmail.com Mobile Phone No (Phone) +65-83740156 Alternative Phone No (Office) +65-62840827

VEHICLE PARTICULARS

Manufacturer

Model Nv350 Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2488

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number D19MFL0005549_01 Cover Note Number

DRIVER

Name of Driver YEO BOON SHIONG NRIC No. SXXXX364E

Date Of Birth 21/06/1978 Occupation Outdoor Date Of Driving Pass 04/10/2010 Driving experience 10 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-83740156 Alt. Phone Number Email Address ppemclaims@gmail.com Address BLK 9 JALAN BATU #05-25 Address complement Postcode 431009 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Cross Junction Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **FRIEND** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 10.06.2021 AT ABOUT 1733HRS, I WAS DRIVING MY VEHICLE A ALONG LORONG N TELOK KURAU TOWARDS STILL ROAD. UPON REACHING JUNCTION, I STOPPED MY VEHICLE AND LOOKED FOR ONCOMING VEHICLE ON MY RIGHT.

ON 10.06.2021 AT ABOUT 1733HRS, I WAS DRIVING MY VEHICLE A ALONG LORONG IN TELOK KURAU TOWARDS STILL ROAD. UPON REACHING JUNCTION, I STOPPED MY VEHICLE AND LOOKED FOR ONCOMING VEHICLE ON MY RIGHT. BEFORE I ENTERING YELLOW BOX, THERE WAS VEHICLES WAS STOPPED BEFORE YELLOW BOX AND GIVE WAY TO MY VEHICLE TO MAKE A LEFT TURN. AFTER CONFIRMING NO ONCOMING VEHICLE I SLOWLY ENTERING YELLOW BOX NEARLY CENTRE WHEN VEHICLE B FROM NOWHERE VERY FAST COLLIDED ONTO MY VEHICLE. I AM NOT SURE VEHICLE B FROM WHICH DIRECTION. I FEEL DIZZY AND NECK PAIN DUE TO THE IMPACT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD8896R
Vehicle Manufacturer	Subaru
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ASAPH HENG SING EN
Contact Number	(Phone) +65-96667315
Address	21 RAMBAI ROAD
Address complement	-
Postcode	424346
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle?	YEO BOON SHIONG BLK 9 JALAN BATU #05-25 - 431009 42 DIZZY AND NECK PAIN. GBK4875J
Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- No

SKETCH PLAN

IMPORTANT NOTICE

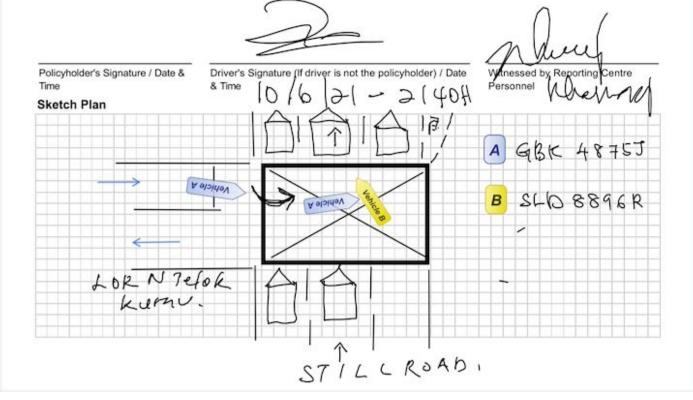
- 1. Please report correctly the details of the accident to speed up the claims process.
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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my w orkshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing w ith my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Describe Circumstances of the Accident

ON 100621 AT ABOUT 1733HRS I WAS DRIVING MY VEHICLE A ALONG LORONG N TELOK KURAU TOWARDS STILL ROAD. UPON REACHING JUNCTION I STOPPED MY VEHICLE AND LOOKED FOR ONCOMING VEHICLE ON MY RIGHT. BEFORE I ENTERING YELLOW BOX, THERE WAS VEHICLES WAS STOPPED BEFORE YELLOW BOX AND GIVE WAY TO MY VEHICLE TO MAKE A LEFT TURN. AFTER CONFIRMING NO ONCOMING VEHICLE I SLOWLY ENTERING YELLOW BOX NEARLY CENTRE WHEN VEHICLE B FROM NOWHERE VERY FAST COLLIDED ONTO MY VEHICLE... I AM NOT SURE VEHICLE B FROM WHICH DIRECTION. I FEEL DIZZY AND NECK PAIN DUE TO THE IMPACT.

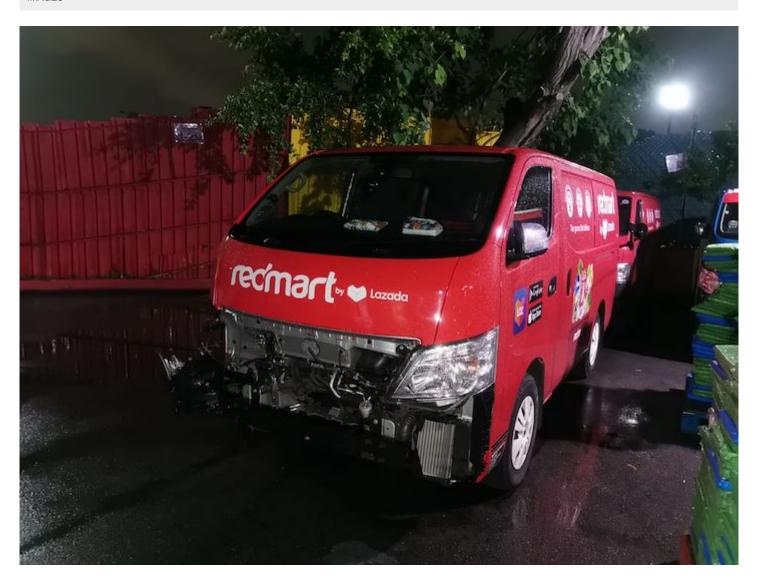
Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

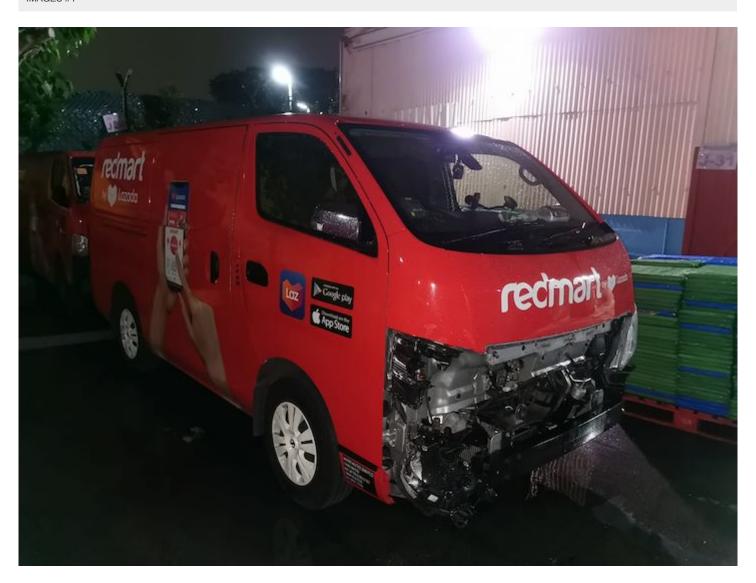
Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre

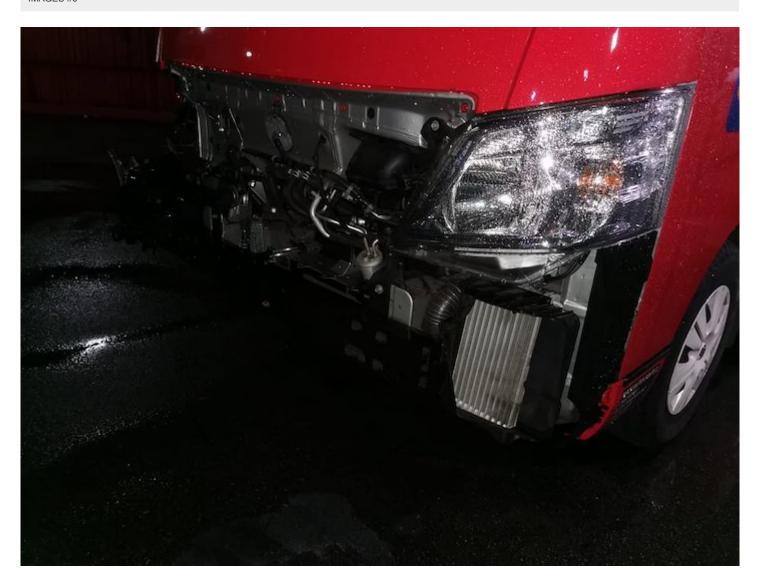


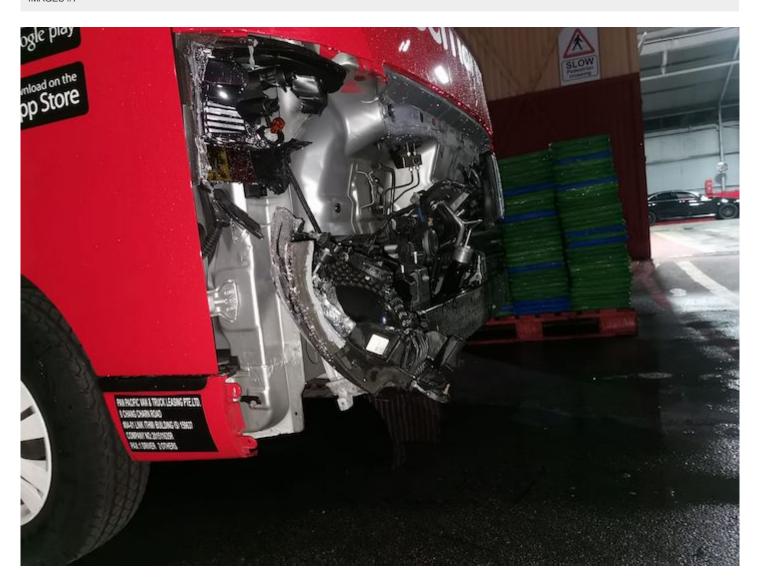


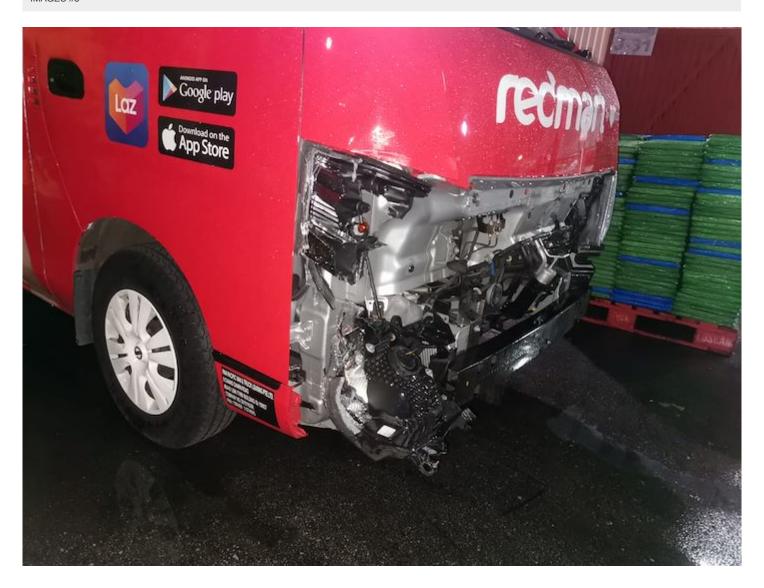




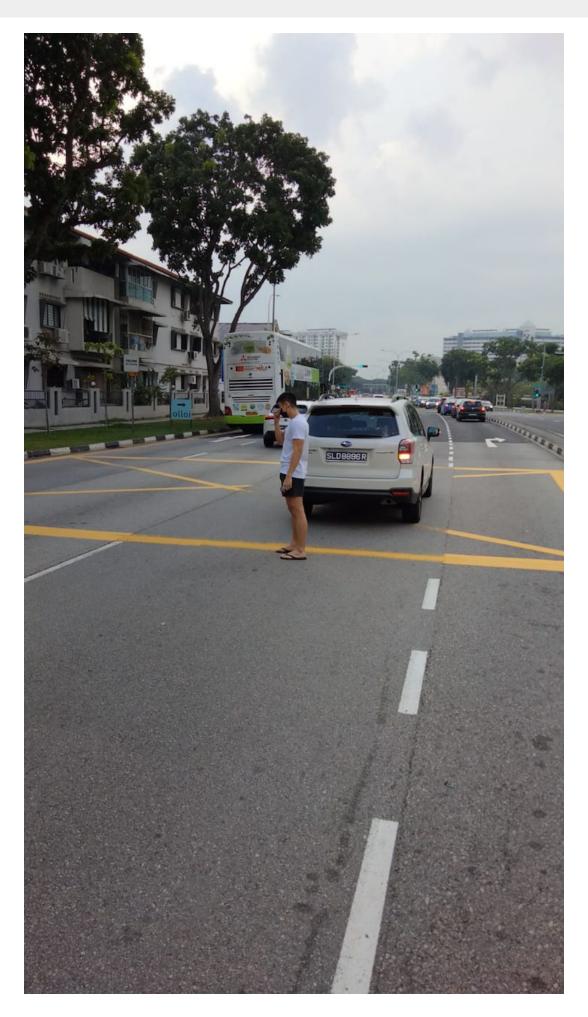




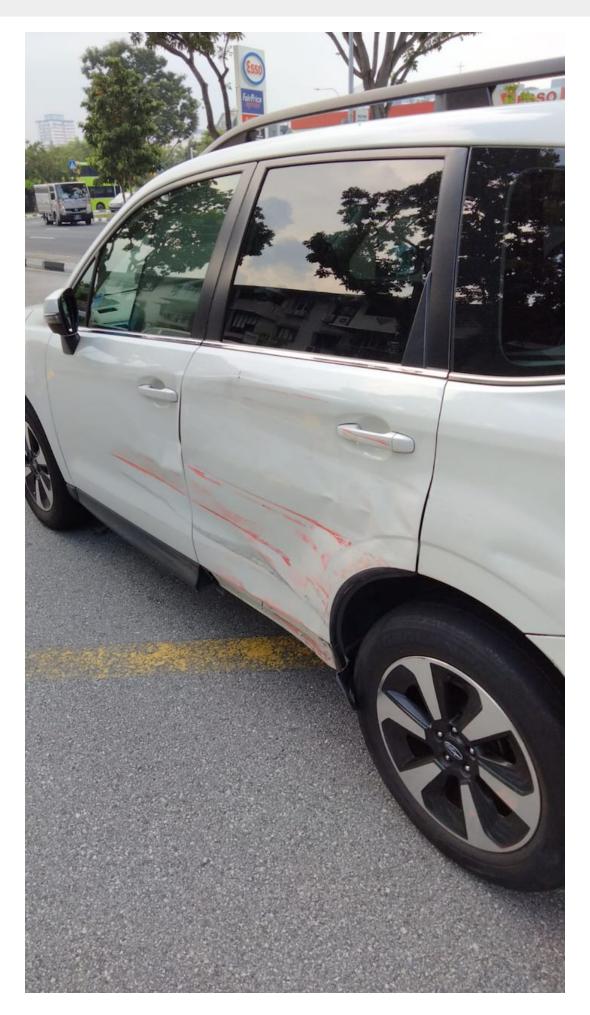


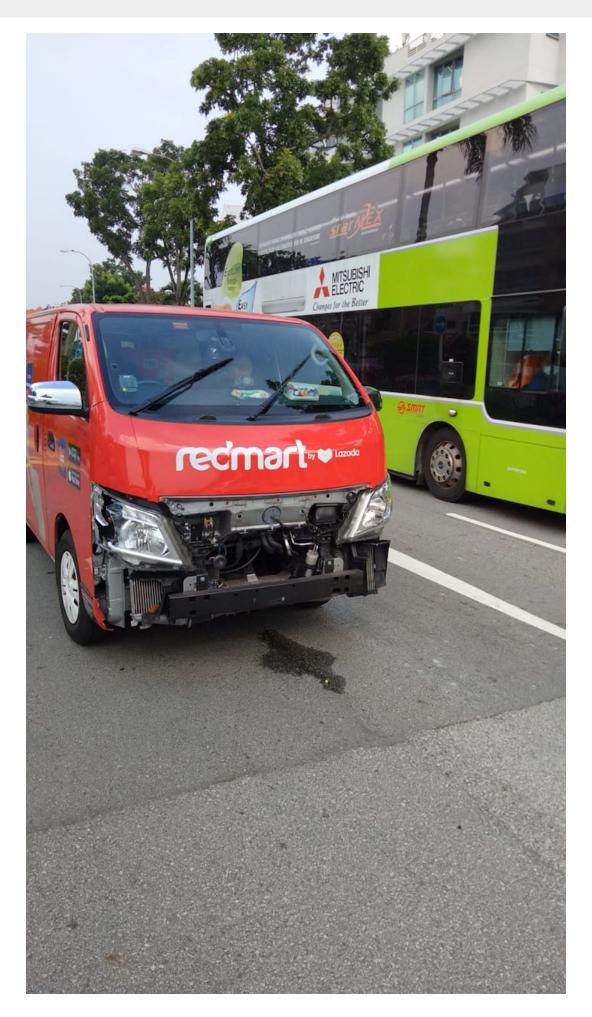


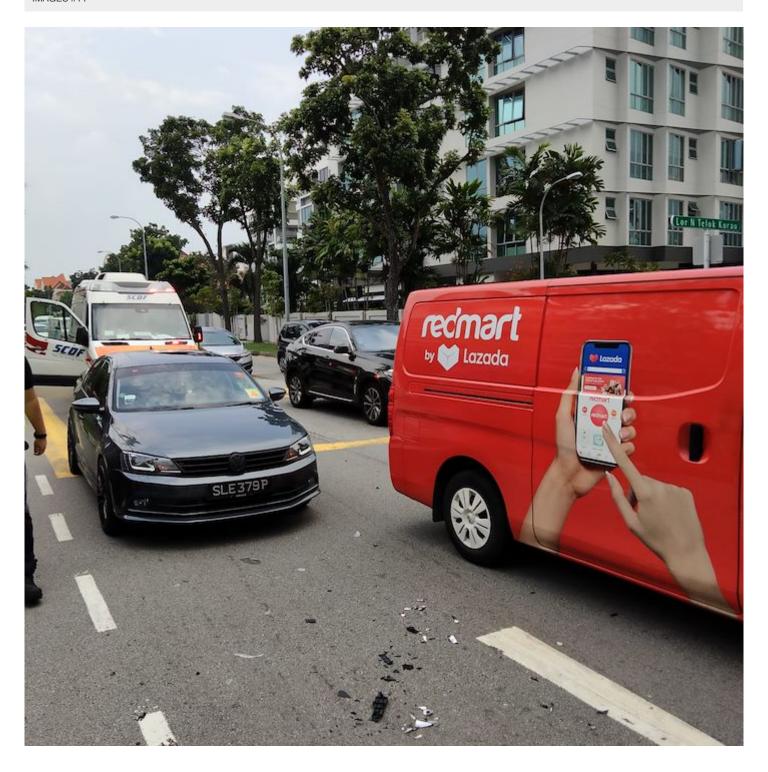
























Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20210612/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/06/2021 13:29		Vide Report No.:	Station Diary No.:		
Informa	nt's Partice	ulars		Market Williams and State Williams	
	Informant: ON SHION		Address: APT BLK 9 JALAN BAT SINGAPORE 431009	TU #05-25 DI TANJONG RHU	
	/ ID No.: D / S781736	64E	Contact No.: Home/Office: Mobile: 83740156		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 42	Date of Birth: 21/06/1978	Type of Informant:		
Race: Chinese		Language:	Institution / School Name:		
Occupation: OTHERS			Driving Licence Informa Class: 3A	ation: Date of Expiry:	

Type of Accident: Non-Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 10/06/2021 17:3	Type of Location X-Junction	
Location: LORONG N 1	ELOK KURAU				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h	
Traffic Flow:		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate	
Two Way			Anyone conveyed by ambulance:		

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Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBK4875J	Van				Slightly Damaged	1
SLD8896R	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



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Report No. T/20210612/2034

CONTINUATION OF REPORT

Driver		THE REAL PROPERTY.		STATE OF	DIN -		
Name	YEO BOON SHIONG			ID No.		S7817364E	
Related Vehicle	GBK4875J (Van)			Contact No.		83740156	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3A Date of Expiry: NIL	
Date Treatment	NIL Date Disc				NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o	Injury			
Driver		SHAEAR		DESTRUCTION OF	10000		
Name	ASAPH HENG SING EN		ID No		NIL		
Related Vehicle	SLD8896R (Car)			Contact No.		NIL	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	7	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL		

Brief Details.

ON THE ABOVE MENTIONED DATE AND TME,

I WAS DRIVING ALONG LORONG N TELOK KURAU TOWARDS STILL ROAD. UPON REACHING THE JUNCTION I STOPPED MY VEHICLE AND LOOKED FOR ONCOMING VEHICLE ON MY RIGHT. BEFORE I ENTER THE YELLOW BOX, THERE WERE VEHICLES THAT WERE STOPPED BEFORE THE YELLOW BOX AND GIVE WAY TO MY VEHICLETO MAKE A LEFT TURN. AFTER CONFIRMING THERE WAS NO ONCOMING VEHICLE I SLOWLY ENTERED THE CENTER OF THE YELLOW BOX WHEN A CAR (SLD8896R) FROM NOWHERE CAME VERY FAST AND COLLIDED ONTO MY VEHICLE. I WAS NOT SURE WHICH DIRECTION THE CAR CAME FROM AS I FELT DIZZY AND HAD NECK PAIN DUE TO THE IMPACT. THAT IS ALL.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3

Report No. T/20210612/2034

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

SC ARSHATH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD AFIQ BIN RAHMAT

Contact No.: 65476171

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

12/06/2021 13:29

Classification Of Case:

100

POLICE FORCE

SINGAPORE

Signature:

Signature: Ashedic